



**King County**

**Ten-Year Plan to End Homelessness**  
South King County Housing First Program for  
Chronically Homeless Single Adults  
Two Year Outcomes

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Mental Health, Chemical Abuse and Dependency Services Division

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## **Background and Purpose**

Individuals who are chronically homeless with mental illness or substance abuse problems often cycle between homelessness, hospitals, and jails. To address this issue, the , King County Mental Health, Chemical Abuse and Dependency Services Division, United Way of King County, King County Housing Authority, and Seattle-King County Public Health have provided resources for Housing First projects with no “readiness” or abstinence criteria to obtain permanent housing. Integrated psychiatric, substance abuse, and health care services are voluntary, intensive, and typically provided in the community.

The purpose of this report is to present additional results of one such Housing First program -- the South King County (SKC) Housing First Program, operated by Sound Mental Health (SMH). Unique to the SKC program is the use of scattered site, private, market-rate rental apartments, and a “provider-based” subsidy developed by the King County Housing Authority (KCHA). In this model, KCHA contracts with SMH and SMH directly leases the units from the landlord and manages the subsidy. This reduces the extensive paperwork and screening for participants. Also unique was the use of a network of service providers to help identify and engage potential participants, as no single direct referral source was available.

This report documents two year outcomes of the SKC Housing First Program, which focuses on chronically homeless individuals in South King County. Specifically, we are reporting housing retention and changes in utilization of the King County jails, community hospitals, and the Dutch Shisler Sobering Center for individuals who have had the opportunity to be in housing for at least two years. We present one year outcomes for individuals who have had the opportunity to be in housing for at least one year. Earlier reports included qualitative participant and stakeholder feedback, which were not collected for this follow-up report.

## **South King County Housing First Description**

The SKC Housing First Program is operated by SMH, a large licensed mental health and chemical dependency treatment agency. The first tenant moved into housing in November 2006 and the program reached its capacity of 25 participants by mid-July 2007.

### The Housing First Model

The Housing First Model represents a paradigm shift that offers low-barrier access to housing and clinical services. It is characterized by:

- ✓ Services that are voluntary, intensive, and easily accessible on site
- ✓ No "readiness" or sobriety criteria to obtain housing -- individuals are housed directly from the street
- ✓ Housing that is permanent and considered to be the person's home, not residential treatment
- ✓ Housing units that are held for the person up to a 90-day absence

- ✓ Tenants holding leases and having full rights and obligations of tenancy
- ✓ Eviction being viewed as a last resort

The SKC Housing First Program and other Housing First programs emphasize participants being good tenants, and they utilize interventions that target behaviors negatively impacting an individual's ability to remain in the community (e.g., managing day-to-day responsibilities of being in an apartment and conflicts with other tenants). Services focus on harm reduction, relapse prevention, and recovery associated with mental illness, substance use, and medical conditions.

### Housing

As noted in earlier reports, one of the most unique aspects of the SKC Housing First project was the use of private-market rental apartments coupled with a "provider-based" housing subsidy program. In a tight housing market, landlords are less willing to reduce their screening criteria to create the low-barrier housing needed for this population of homeless individuals with complex mental illness and substance abuse problems. For the SKC Housing First project, the KCHA established a "provider-based" subsidy program in which KCHA contracts with a service-provider agency (SMH) so that they can directly master-lease units from the landlord and also sub-lease to program participants. In this way, the program mitigates landlord concerns, reduces the extensive paperwork and screening of participants, and allows for housing placement within three to four weeks of participant acceptance of the program, much faster than most similar programs. To our knowledge, this is the first project in the country to use Section 8 resources in this way.

### Services

For SKC Housing First, integrated mental health, chemical dependency, and primary health care are provided by a single, multidisciplinary agency (SMH) with 24/7 staff coverage and small caseloads assigned to program staff. Through a partnership with Healthcare for the Homeless, the program has a HealthPoint nurse on the team and direct line to HealthPoint clinics to get appointments for SKC Housing First participants. This is unprecedented access to health care for homeless people in South King County.

Services include:

- ✓ Assertive community treatment: intensive case management with caseloads not exceeding 1:15
- ✓ Integrated mental health, chemical dependency, and primary care treatment
- ✓ In-home supports (e.g., help with cleaning, money management, etc.)
- ✓ Assistance with food purchasing, transportation
- ✓ Advocacy for access to food, benefits, and medical care
- ✓ Communication/negotiation with landlord, utilities, and community

- ✓ Staff attendance and advocacy at medical/clinic appointments
- ✓ Peer mentors to help engage and support individuals transitioning from the streets into housing
- ✓ Support and linkage to employment opportunities

Support is provided to help participants succeed and adjust to living indoors. For example, some people continue to cook meals in tin cans in their apartment fireplaces. Some sleep on their balconies or pitch tents in their living rooms. Others struggle to understand that the program wants to help deal with problems that arise. For example, one participant disappeared from his unit after not paying his rent. When outreach workers found him, he commented that he thought he would be kicked out so he left before that happened. The team helped him collect his things and come home.

### Staffing and Funding

The SKC Housing First uses braided service dollars from United Way of King County, King County Housing Authority, Seattle-King County Public Health, and King County Mental Health, Chemical Abuse and Dependency Services, to provide the service described above. Services are provided by a multidisciplinary team with a primary case manager and caseloads not exceeding 1:15. Low caseloads mean that clients can always reach a care provider when they have an urgent need. The core staff includes:

- ✓ 1.0 Mental health staff
- ✓ 1.0 Chemical dependency professional
- ✓ 0.5 Peer to peer support staff
- ✓ 1.0 Medical nurse
- ✓ 0.20 Psychiatric staff
- ✓ 0.25 Vocational specialist
- ✓ 0.25 Supervisor

Sound Mental Health also provides crisis services, as well as Projects for Assistance in Transition From Homelessness (PATH), a homeless outreach and engagement program which focuses on coordination, consultation and, housing needs, ready-to-rent classes, services, and permanent housing.

### Eligibility and Participant Recruitment

As noted in earlier reports, another unique aspect of SKC Housing First was having no direct referral source available due to limited shelter and food programs operating in that part of King County that might otherwise serve as referral sources. As such, SMH worked to develop a

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stronger network of referring service providers while using its existing PATH homeless outreach program as a conduit for most referrals.

The SKC Housing First Program was originally designed to help twenty-five adults (age 18+) who meet the federal definition of chronic homelessness (i.e., homeless for 12+ consecutive months or four episodes in prior three years with a significant disabling physical and/or psychiatric condition that significantly impairs functioning). For SKC Housing First, individuals needed to have mental illness and/or chemical dependency as their disabling condition, though many also had healthcare needs.

The program was leased up with the first 25 individuals within eight months of starting the program -- by July 2007. Funding for the program was increased in May 2008 so that the program could serve a total of 50 individuals. In January 2010, funding was reduced and current capacity is 42 individuals. Over time, some individuals left the program (reasons described in Results section below) such that a total of 76 individuals have moved into it through June 30, 2011. Table 1 and Table 2 show referrals to the program.

Table 1. Referring City

Referring City	First 25	All Housed through June 30, 2011
Kent	8	30
Renton	10	11
Auburn	0	7
Federal Way	3	5
Tukwila	3	5
Des Moines	0	5
Seattle	0	2
Enumclaw	0	1
Not reported	1	10
Total	25	76

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Table 2. Referral Sources

Referral source	First 25	All Housed through June 30, 2011
Self	6	15
Shelter	6	10
Friends	5	10
SMH Staff	2	11
Advocate Organization	1	1
DSHS Public Assistance (CSO)*	1	4
King County Jails	1	8
Public Health	0	3
Municipals Jails	0	2
Other Law Enforcement	1	2
Inpatient psychiatric unit	0	2
Probation/Parole	0	1
Drug/Alcohol Treatment	0	1
Other Not Listed	2	6
Total	25	76

\*Department of Social and Health Services (DSHS) Community Service Office (CSO)

Table 1 and Table 2 show that referrals come from a wide range of south King County cities and most referrals are by the person themselves, shelters, friends, and SMH staff.

**Results**

The first tenant moved into housing in November 2006 and the program was at capacity at 25 participants by mid-July 2007. As of June 30, 2011, 76 people had participated in the program.

Participant Demographics

Participants were predominantly male, and white/caucasian (n=22; 88 percent), with an average age in the mid-40s. Most had at least a high school education and 13 percent of all served reported having been in the armed services. Participant demographics are shown in Table 3.

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Table 3. Participant Demographics

Demographics	First 25	All Housed through June 30, 2011
N/(%) female	6 (24%)	20 (26%)
Ethnicity		
-White/Caucasian	22 (88%)	59 (77%)
-Black/African-American	2 (8%)	12 (16%)
-Hispanic	1 (4%)	2 (3%)
-Native American	0 (0%)	2 (3%)
-Asian	0 (0%)	1 (1%)
Age	Ave. =43.7 (SD=10.1)	Ave.=44.4 (SD=9.1)
Education		
-<High school graduation	5 (20%)	18 (23%)
-High school graduate or GED	14 (56%)	36 (47%)
-At least some college	6 (24%)	22 (29%)
Veteran (any armed service history)	6 (24%)	10 (13%)

Income sources at the time participants entered into housing are shown in Table 4. Average monthly income for the first 25 participants was \$154.9 (SD=289.3) and for all 76 was \$307.5 (SD=291.9).

Table 4. Participant Income Sources

Income Sources	Of First 25	Of All Housed through June 30, 2011 (n=76)
GAU/GAX	1	32
SSI/SSDI	3	18
Employment	2	2
Other income	1	2
None	18	22
Total	25	76

Participant Homelessness History

**Participants were homeless an average of nearly four years prior to program enrollment.** The average duration of homelessness during the episode prior to enrollment was 45.2 months (SD=38.2) for the first 25 participants and was nearly unchanged for the full set of 76 participants (average=42.6; SD=42.3).

Participant Disabling Conditions



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As shown in Table 5, SKC Housing First participants showed a wide range of disabling conditions.

Table 5. SKC Housing First Participant Disabling and Medical Conditions at Program Entry

Conditions at Entry	First 25	All Housed through June 30, 2011
Federal (HUD) disabling conditions ( <i>in addition to a mental illness</i> ):		
-alcohol/drug	17 (68%)	41 (54%)
-mobility/ADL/functional/physical, sensory	6 (24%)	24 (32%)
-developmental	1 (4%)	5 (7%)
Medical conditions (past 3 months)		
-high blood pressure	6 (24%)	21 (28%)
-asthma	6 (24%)	12 (16%)
-broken bones	4 (16%)	8 (11%)
-liver disease or hepatitis	2 (8%)	10 (13%)
-shortness of breath/emphysema	4 (16%)	4 (5%)
-heart disease/heart murmur	3 (12%)	5 (7%)
-stomach/intestine infection/bleeding	2 (8%)	6 (8%)
-seizure disorder	1 (4%)	6 (8%)
-infections	2 (8%)	4 (5%)
-diabetes	1 (4%)	5 (7%)
-other	6 (24%)	3 (4%)

**All participants had a serious mental illness and most had a co-occurring substance use disorder.** Most (n=17; 68 percent of first 25 and 40; 53 percent of all 76) also had some other type of medical condition, with the most frequent being hypertension, asthma, and broken bones.

Housing Retention

**Nearly all participants were retained at six months.** The six-month retention rate for the first 25 people was 84 percent, and it was 86 percent for the 74 people who had the opportunity to be in housing at least six months. **Nearly three-quarters of participants were retained for a full year.** The one-year retention rate was 68 percent for the first 25 people, and it was 76 percent for the 70 people who had the opportunity to be in housing at least one year. The two-year retention rate was 67 percent for the 54 who had the opportunity to be housed for at least two years. As a point of comparison, a summary of Housing First programs across the country by Housing and Urban Development (HUD) found that 41 percent of participants were continuously in such programs for one year while an additional 43 percent were retained intermittently (HUD 2007).

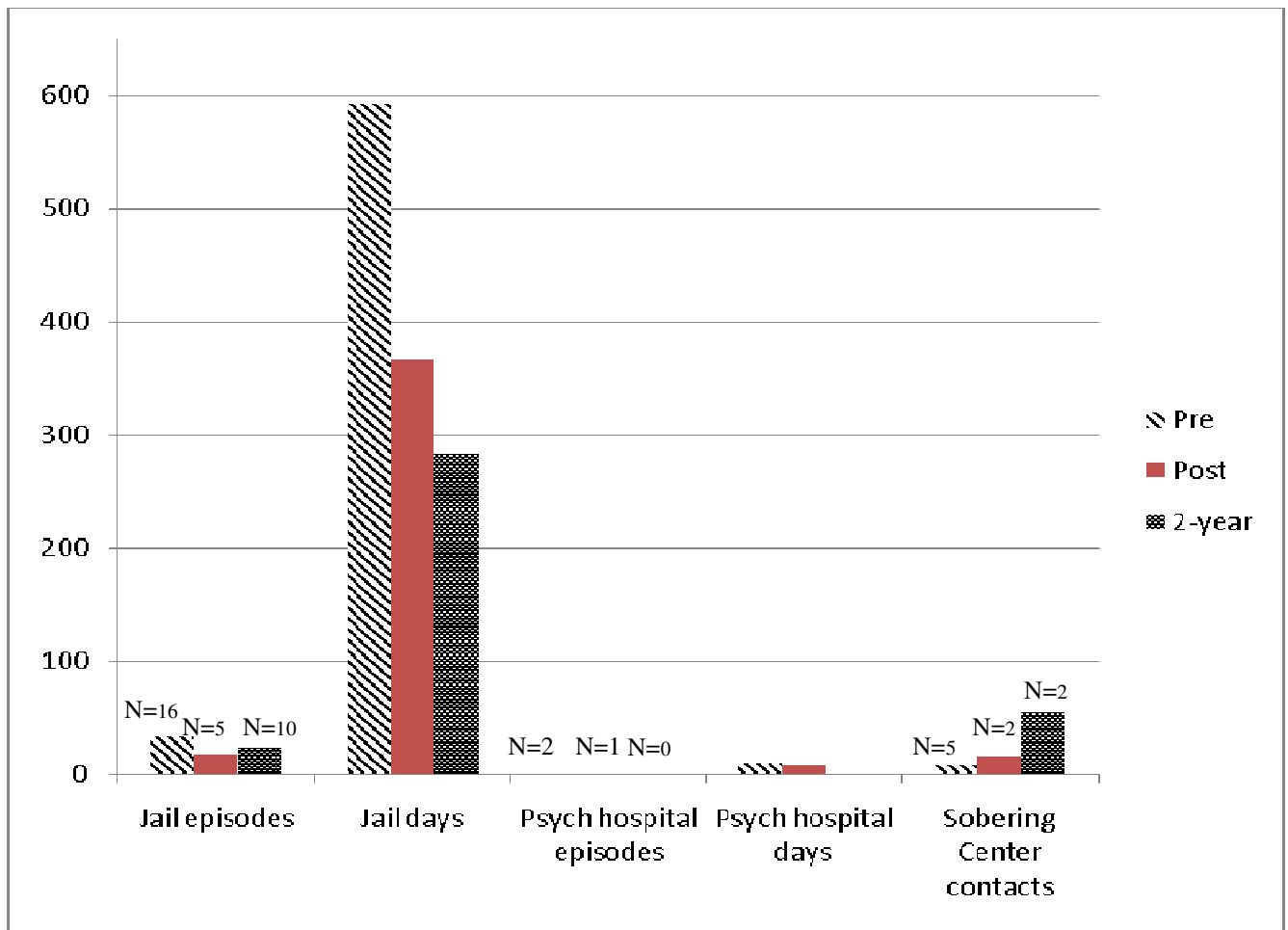
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Of all of those who moved out of the program at any point (N=29), the most common reason was eviction for non-compliance or non-payment (11; 38 percent), followed by voluntary exits (7; 24 percent), jail/prison (5; 17 percent), unknown/disappeared (4; 14 percent), death (2; 7 percent).

Acute Care and Jail Utilization

Of the 54 people who had the opportunity to be in the program for at least two years, the changes in their acute care and jail utilization are shown in Figure 1.

Figure 1. Acute Care and Jail Utilization



King County Jail Bookings and Jail Days

Sixteen of the 54 participants had a total of 33 jail bookings (593 days) during the year prior to their SKC Housing First admission, and five participants had 17 bookings (367 days) during the year following admission. Ten people had 24 bookings (283 days) during the second year following admission. This represents a 48 percent drop in bookings by the first year. There was an increase in bookings over the first year during the second year, but bookings were still 27

percent lower than the year prior to program entry. There was a 38 percent reduction in jail days by the first year and a 52 percent reduction by the second year. The reduction in jail episodes after the first year and jail days after the second year were statistically significant.

#### Admissions and Days in Inpatient Psychiatric Hospitals

Two of the 54 participants had two psychiatric hospitalizations (nine days) during the year prior to SKC Housing First admission, and one participant had one hospitalization (eight days) during the year following admission, and no one had a hospitalization during the second year following admission.

#### Admissions to the Dutch Shisler Sobering Center

Five of the 54 participants had a total of eight Sobering Center contacts during the year prior to program admission, and two participants had 16 contacts during the year following admission. The same two had 54 contacts during the second year following admission.

### **Summary**

The SKC Housing First Program successfully implemented a Housing First Model with low barriers to housing access, rapidly housing individuals directly from being homeless. The model had no “readiness” criteria for individuals to access housing and no abstinence or service requirement once housed. Unique to SKC Housing First are the use of scattered site private market-rate rental apartments and a network of service providers to help identify and engage potential participants, as no single direct referral source was available. Services integrated on-site mental health, chemical dependency, and primary health care from a multidisciplinary team with a 1:15 staff-to-client ratio.

### Results

The first tenant moved into housing in November 2006 and the program has served 76 people through June 30, 2011. Participants were:

- ✓ Predominantly male and white/caucasian
  - ✓ From a range of south King County cities
  - ✓ Complicated by substance use and/or medical conditions in addition to mental illnesses
  - ✓ Homeless for an average of nearly four years prior to admission
- 
- More than 80 percent of participants were retained in housing for at least six months, and nearly three-quarters were retained at least one year.
  - Reductions in jail bookings by the first year and jail days by the second year following admission dropped by half and were statistically significant.

- The number of people having psychiatric hospitalizations and sobering center contact dropped following participation in SKC Housing First, though the reductions were not significant, due, in part, to the very low number of these episodes.

It should be noted that unlike other King County Housing First programs, SKC Housing First participants were not selected on the basis of being high utilizers of acute care services. The SKC Housing First participants have less utilization prior to participation and thus less “opportunity” to reduce utilization. As such, we would not expect dramatic reductions in utilization. The SKC Housing First participants nevertheless significantly reduced jail utilization. In prior reports we also showed that participants showed some reduction in medical inpatient and emergency department utilization.

In summary, the SKC Housing First Program continues to show some promising results, particularly in stabilizing and retaining people in the program and reducing jail utilization.